

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <b>09661635</b>		FILING DATE <b>9-13-00</b>		
							APPLICANT(S)				
<b>CLAIMS</b>											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	✓				✓		51				
2		✓				✓	52				
3		✓				✓	53				
4		✓				✓	54				
5		✓				✓	55				
6		✓				✓	56				
7		✓				✓	57				
8		✓				✓	58				
9		✓				✓	59				
10		✓				✓	60				
11		✓				✓	61				
12		✓				✓	62				
13	✓					✓	63				
14		✓				✓	64				
15		✓				✓	65				
16		✓				✓	66				
17	✓					✓	67				
18		✓				✓	68				
19		✓				✓	69				
20		✓				✓	70				
21		✓				✓	71				
22							72				
23							73				
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38							88				
39							89				
40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	3				1		TOTAL IND.				
TOTAL DEP.	18				8		TOTAL DEP.				
TOTAL CLAIMS	21				9		TOTAL CLAIMS				